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PAPERS

ON THE

THERAPEUTIC VALUE

OF

LOCALIZED MOVEMENTS.

BY

CHAS. FAYETTE TAYLOR, M.D.,

AND

WM. R. FISHER, M.D.

PHILADELPHIA:

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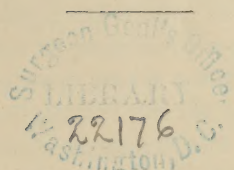
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IS THERE ANY
THERAPEUTIC VALUE
IN THE SO-CALLED
“LOCALIZED MOVEMENTS” ?*

BY CHARLES FAYETTE TAYLOR, M.D.

MR. PRESIDENT,—

Some, perhaps most, of the gentlemen present may be aware that several years ago I devoted much attention to, and wrote several papers upon, the subject of the curing of disease by a kind of exercise or “movements.” Now that it is generally known that I am devoting my attention wholly to orthopedic practice, I am often asked what my views are in regard to the therapeutic value of the so-called “localized movements.” Although for the last half-dozen years I have been endeavoring to withdraw my attention almost entirely from the class of cases which indicate this treatment, I have still been obliged to take and to treat numbers of the most characteristic of these cases; so that I have continued to have experience in the matter, of such a nature as enables me to pronounce a positive opinion as to the value of the treatment under consideration.

I have been accustomed to use the term “localized movements” as being more pertinent and expressive than any

* Read (by request) before the New York Medical Journal Association, May 20, 1870.

other which I could find,—especially for the purpose of distinguishing certain so-called “movements,” given or caused to be done with an idea of accomplishing certain definite results, from the general term *exercise*, with which they should never be confounded. At the same time, I desire to repudiate the doctrine which has been advanced by some, that there is anything empirically curative in any particular movement of itself, except as it may be calculated physiologically to correct some functional disturbance. When given for that purpose, based upon careful diagnosis, responsive to clear indications, and capable of effecting in any degree the result aimed at, such movements are not *exercise*, but a *treatment*, and may be spoken of as such.

It is well in the beginning to have clear conceptions of what *is* exercise. We all know that many diseases and derangements may be helped or cured by exercise. We may very properly regulate the degree, the time, and the manner of this exercise, according to the conditions, the capacities, and the general indications of our patients. In this way we may bring to bear a large amount of experience, intelligence, knowledge of disease and constitution, and tact in the management of patients; and they may thus derive an immediate and vast benefit from following our advice. But this is quite a different matter from that of making a direct therapeutic agent of certain movements.

I have just said that there is no specific action, in the technical sense, in any movements. It is only when they respond to indications, and are capable of answering those indications, that they become remedial in the sense in which I am now speaking. Exercise, regulate it as you will, is, and must be, more or less general in its effect; just as diet, though properly the subject of regulation, consists still in the administration of ordinary food. But when certain substances, such as iron, phosphates, and so forth, are prescribed because they contain the elements of substances supposed to be lacking in the system, then it is medical treatment,

and not dieting, which is employed. In exercise, the initial expenditure of power is of the nervous force. The muscles obey the will. The first thing to be done is to make an effort; the will is brought into primary action; it commands, and the muscles respond in direct proportion to the volition. From the very nature of the case, there must be a general harmony, and more or less equality of action, between the nervous and the muscular system. In other words, our muscular action depends entirely upon our volition, the latter being the initial process, and corresponding always to the amount of muscular effort which we wish to call forth. Under ordinary circumstances, this is all that is necessary. The blood is circulated, the waste is carried off, the secretions are stimulated, interstitial change is effected, and so far as health can be promoted by effecting these alterative changes, so far exercise is all that may be required. But when we have a disturbance of the normal relations between the nervous and the organic system; when the volition and the muscles are thrown out of regular correspondence; when we have irregularities, with disproportionate loss of force, in the one or the other, then the ordinary results of exercise which follow under other circumstances are not obtained. Where, for instance, the person is already exhausted by overtaxing the brain, the indications for increased muscular action may be ever so strong, but we cannot secure the same result by exercise as we would if the brain and nervous system were not in this state of exhaustion. The effort of volition necessary to the exercise produces a much greater expenditure of nervous force, with a much less effect upon the muscles, than it does in a well-balanced condition. In fact, under such circumstances, the effort still further exhausts the brain-force, already too much drawn upon, while the muscles respond less perfectly than usual, so that the result is not refreshing and invigorating, but may only add to the general exhaustion. We must always recognize the general fact that effort to an exhausted

person, even effort of the muscles to a person exhausted by brain-labor, produces, and can produce, nothing but increased fatigue, because there can be no action of the muscles without a primary action of the brain; and in general exercise, regulate it as you may, brain-labor bears a certain ratio to muscular action.

Now, this ratio varies with the temperament, health, state, and habits of the individual. In laborers, for instance, where the muscular system preponderates, a large amount of muscular force is put forth by a relatively feeble volition; while in other cases, where the action of the brain and nervous system preponderates, a great mental effort effects but a small exhibition of muscular force. It is this relative condition of the brain and nervous system, exhibited through volition as compared with muscular action, that *exercise* has no power to regulate or alter, and which furnishes the chief indication for the *localized movements* as a means of cure. But by the term "means of cure" I do not intend the alterative effect which may be produced through the organism by general exercise; for, though increased assimilation, secretion, and muscular power are important considerations in a subordinate and special sense, still, the primary idea of the movement cure, as employed by us, is the control of the manifestations of disorder in the *nervous* system, which this treatment, rightly understood, places in our hands. The fact is, we do not use movements for any of the purposes for which *exercise* should be prescribed, but they are made to respond to a quite different class of indications. We use the muscles, not because we care for them or desire to increase their strength: this is not our idea; but we use them as a kind of balance-wheel to regulate nervous action everywhere. This is to us the first and all-important consideration. The second and lesser idea, the producing of *local effect* in contradistinction to the *general* results now under consideration, will be spoken of further on.

The fundamental basis of the movement cure, as employed

in the class of cases which we are now to consider, rests, then, upon a preponderating action of the nervous systems; and it is when the cerebro-spinal system, stimulated by the intellect and the will, and the sympathetic system, continually excited by the emotions and æsthetic sensibilities, so keep up this preponderating expenditure of force as habitually to subordinate the organic manifestations, that we need, and must have, a treatment which recognizes this condition of things and endeavors to correct it. This is a condition which is relative rather than positive, being incident to civilization and resulting from the intense strain brought upon the nervous systems in the higher intellectual and emotional developments. And, still keeping up the comparison between voluntary effort and the using of the muscles as a therapeutic means, it is readily seen that to remove the organic system from its subordination we must institute different conditions from those of ordinary exercise; because I have previously shown that in exercise, so called, brain-labor is involved in proportion to the muscular action, but is not regulated. Now, it is the province of the movement cure to regulate and remove this relatively disproportionate action. Let me illustrate. Morbid sensations and distresses, backache, dyspepsia, dysmenorrhœa, and hysteria, are evils of our day. They cannot exist in the exaggerated form affecting our women except as a result of their too active brains and too excitable temperaments; nor ought we to look for permanent relief without changing the condition which makes such suffering possible. The intelligence, the feelings, and the emotions are on the *qui vive*, ready to spring into superior activity on the slightest provocation; and it is just here that the patient is not in the habit of exerting self-control. Nevertheless, it is necessary that at the very start we establish complete voluntary control of our patient, directing her thoughts and feelings, influencing the judgment, allaying apprehension, and in this and other ways placing her nervous system in a state of tempo-

rary repose, as the essential condition for beginning the use of the muscles in any curative sense. But when once we have instituted the using of the muscles, while the nervous system is thus tranquillized and subordinated, then the effect is still further to tranquillize. Muscular action under these circumstances produces the effect of a counter-irritation to the nervous excitability. In other words, the nervous force is husbanded and increased, with a corresponding diminution of irritability. If a person, intellectual, with active brain, an emotional, sensitive temperament, and with corresponding and resulting muscular and organic feebleness in consequence of some functional derangement, be required to exercise in the gymnasium, or to ride, or walk, or row, or do any voluntary thing, we have done nothing to correct the relative disproportion. The action of the nervous system still preponderates, and the dynamic and organic powers are still subordinated. We have not yet touched at the root of our patient's condition to correct it. Now, on the other hand, not only do we have it in our power to regulate the use of the muscles,—how much, and the quality of force to be called out,—but we undertake to regulate the expenditure of the nervous force also, determining the amount and quality of the volition, as well as the general condition of nervous repose and excitement, in such a manner as, while increasing muscular action, to lessen the innervation required to produce it. We attempt to establish a more just relation between the manifestations of the nervous and the organic system, by first establishing a voluntary subordination of the patient to the physician, and, while in this condition of temporary repose of thought and feeling, exalting the organic powers through the use of the muscles. We thus equalize the different manifestations of force, and positively increase both. We have done more. The evil of nervous excitability is nervous waste; nervous waste long continued is debility; and debility begets irritability. Hence general and local hyperæsthesia, and the long train of functional derangements

which characterize the present age and are admitted to be an opprobrium to our craft. Do you not see that a treatment starting with the proposition of preventing undue waste of nervous power, and of equalizing the various manifestations of force by exalting the depressed organic powers, proposes also to cure many of the functional disorders—the back-aches and dyspepsias, the dysmenorrhœas and various hyperæsthesiæ—of modern society? So much, I firmly believe, this treatment, rightly understood and applied, is capable of doing. The first step in this treatment of the class of cases which we are considering is to secure the voluntary control of the patient. This is always the most difficult as well as the most essential part of the treatment; but if we disregard the basis which I have pointed out we shall be likely to fail of success. If the treatment be given while the patient is fatigued, or excited, or irritable, or when the mind is occupied or the emotions are active, we can accomplish nothing. The primary object of the movement cure is not muscular action alone, nor is it muscular action under control, but regulated muscular action with the nervous manifestations under control. It is the use of the muscles with the nervous system in subordination. We attempt nothing less than a positive change of temperament, whether natural or acquired, and realize our results only by securing more or less of such change of temperament.

Those who do not appreciate the psychological element in the treatment, but suppose that the utility of the movement cure is comprised merely in manipulations or vibrations, or that it is only a better form of exercise, and especially those who suppose that it consists of *passive* motions, very good to amuse delicate ladies and hypochondriac gentlemen, have no just appreciation of its capacities. I have no faith in the curative value of passive motions, vibrations, and manipulations, when used alone in the class of cases now under consideration. The chief use of kneadings, rubbings, and passive movements generally is to assist

by their agreeable, quieting influence in keeping the patient as free as possible from nervous irritability and mental excitement, until the curative treatment can take effect. And the distrust in the efficacy of the movement cure, which is wide-spread throughout the profession, is mainly due to the failure on the part of physicians to appreciate the existence of a psychological as well as a mechanical element in its employment. In this particular they have forgotten that any treatment, to be successful, must be based upon scientific knowledge as well as mechanical skill; and, consigning their patients to the care of ignorant manipulators, they have been too prone to ascribe their failures to the apparent worthlessness of the treatment by localized movements (which in reality has not been practised at all), rather than to their own ignorance of the principles which underlie its proper application. The physician's earnest personal presence and influence are absolutely essential as a part of the conditions of treatment. It will be seen that the patient's active co-operation and support are also necessary. The patient must not be merely a passive party; she must not only comprehend the object of the treatment, which should generally be explained to her, but she must accept it, or she can never command the will to put herself in the state of temporary tranquillity necessary to the initiation of the treatment. If she oppose, or if she merely give a *seeming* adherence to, your requirements, it will be of no use. Reject the case at once. Whenever a patient comes to me who will not actually fall into the way I wish her, I send her home by the first train. After I find out there is any mental reservation in submitting to be controlled, I stop the useless, because one-sided, effort.

The second, as it is the secondary, method of employing the movements has already been hinted at, and consists in their *local* application. Hence the term which I have chosen as appropriate,—“Localized Movements:” that is, movements given at one point for the purpose of producing an effect

there or in other more or less distant points. Here also we keep up the broad distinction between the movement cure and any species of exercise. To illustrate: We put the feet in warm water, instead of giving a bath over the whole body, for the purpose of warming the feet and removing sanguineous pressure in the head: we may also use the muscles of the feet or lower extremities *while all other muscles are in repose*, for the same derivative purpose. We use a pill of aloes and nux vomica to act upon the bowels: we may also use movements which act here and nowhere else, for the same local purpose. We use emmenagogues: movements may be given more sure and powerful than any or all emmenagogues put together. To control the circulation is often to cure our patient: if we put the muscles of the extremities into gentle, firm contraction without accelerating the action of the heart and lungs, the blood flows into the extremities by the natural law of superior attraction in that direction, which it could not do if the action of the heart and lungs were quickened, so as to hinder the outflowing current, if not turn it inward, as may be the case in voluntary exercise in invalids. Thus we have the means of regulating the circulation. These are only a few instances; and I will just mention the obvious utility of localized movements in cases of muscular weakness or deficiency, stiffening of the joints, etc. But the value of the treatment in these, though important and more obvious at first thought, is yet of a lower order, and really of insignificant consequence as compared with that which it has been my design to explain and illustrate in this paper.

I have purposely refrained from saying anything in regard to the various means and methods of utilizing the treatment, because, after all, what you do is less important than is the principle on which your procedure is based. My design has been to show that the treatment is founded on correct physiological conceptions, and thus is scientific and legitimate. Legitimate only, I may add, like any other means,

when in intelligent and honest hands. Because ignorant men have used and are using the term without knowing its true meaning, we should no more discard it, or the means it represents, than we should discard all remedies because charlatans sell nostrums. No treatment requires more judgment and experience, more careful diagnosis and the noting of indications, or needs more thorough knowledge of disease, than the one under consideration. In fact, unless the physician possess these requisites, he cannot understand or administer it at all.

Such, Mr. President, is a brief outline—a very brief outline, touching on one or two salient points—of the much-abused “movement cure,” or the so-called “Localized Movements.” It has been set down in some quarters as one of the humbugs, and I as its chief apostle. I plead guilty to the apostleship; but if any gentleman can detect the humbuggery, he would confer a favor by pointing it out.

THE APPLICATION OF LOCALIZED MOVEMENTS

TO THE TREATMENT OF CERTAIN FUNCTIONAL NERVOUS
DISORDERS.*

BY WM. R. FISHER, M.D.

IN the *New York Medical Record* for August 15, 1870, there appeared an article, by Dr. Chas. Fayette Taylor, on the therapeutic value of the "Localized Movements." The author therein explained that this mode of treatment is capable of responding to distinct indications by two methods of application: the one, psychological in its action, general in its effect, acting as a remedial agent through the cerebro-spinal and sympathetic nervous systems; the other, more purely mechanical in its nature, productive of results by its local influence in the establishment of physiological processes through the muscular and vascular systems, and thereby promoting nutritive changes in the special regions submitted to its action. While the latter would, at first sight, seem to give promise of a wider range of usefulness in the treatment of deformities, stiffness of the joints, certain forms of paralysis, constipation, dyspepsia, and kindred affections, still the writer devoted the bulk of his paper to the exposition of his views upon the greater utility of its employment in combating many forms of functional nervous de-

* Reprinted from the *Medical Times*, Phila., Dec. 1, 1870, Jan. 2, 1871, and Jan. 16, 1871.

rangement which present themselves to the practitioner, especially among female patients. He believes that the manifestations of disorder in the nervous system, which are so prominently developed in many varieties of uterine affection, "spinal irritation," hysteria, and so-called nervousness, are very often due to a subordination of the muscular and organic functions to the nervous, and that as health is dependent upon the maintenance of an equilibrium between these, so a derangement which brings about an exaltation of the one at the expense of the other demands the repression of that which may be exerted in excess, and the development of that which is in abeyance. Hence he concludes that the proper treatment for conditions of the system characterized by excessive nervous irritability, with corresponding depression of the muscular powers, must be found in means which tend to elevate the latter to the position in the economy which they maintain in health, and this, he believes, can be more surely and easily effected by the "movement cure" than by any other method which has hitherto been employed.

The limits of the paper to which reference is now made necessarily precluded any attempt at illustration by cases of the principles which the writer endeavored to elucidate, and my purpose, with this brief summary of its main points by way of introduction, is to give some examples of the practical working of the system. But an attempt to point out all the varied conditions of the body in which this treatment may be advantageously employed, with the indications for its use and the methods of its application, would require far more space than can at present be commanded; and I shall therefore confine this article to the consideration of a group of functional nervous affections, which are of common occurrence in practice, under various names, and which was first described by Dr. Taylor in the *Journal of Psychological Medicine* for April, 1868, under the title of "Carnomania." The symptoms which are presented in this class of disorders do not arise from any peculiarity in the mental constitution or

condition of the patient, as has sometimes been taught and is very generally believed, but depend entirely upon local or general derangement in the body: "It is the body which sends false or perverted impressions to the mind, and not the mind which imagines falsely concerning the body." And the distinguishing feature in each variety is a modification of perception and volition (using these terms in their widest signification, to indicate the faculties of receiving and responding to impressions), by which these functions are perverted, impaired, or exaggerated. "Carnomania" was proposed as a term under which the various pathological conditions presenting these characteristics might be collected.

The following case, being pure and uncomplicated, will begin the series which are to be quoted:

Case I.—A strong, hearty gentleman, whose temperament was decidedly opposed to the "nervous," had suffered from necrosis of the head of the tibia, which in recovering had left a semi-flexed knee, and, as a consequence, an almost useless limb. Distinguished surgeons had declared this position to be due to ankylosis, and incurable; but an examination failed to sustain their opinion. The hamstring muscles were found to be strongly contracted, and there was a partial dislocation backwards of the bones of the leg from muscular spasm, which had existed during the progress of the inflammatory disease, but there was no evidence that extension could not readily be effected. An appliance was therefore employed to overcome the resistance of the contracted muscles, and the leg was soon straightened. It was found, however, that the ability to use the limb was no greater after this had been accomplished than before. The muscles were somewhat atrophied from disuse, but there was no lesion of sufficient magnitude to produce the total absence of motor power which the case presented, and there was no alternative to the supposition that the inability to walk was merely an evidence of a loss of consciousness of power in the limb. This opinion was therefore communicated to the patient, and treatment was at once employed to restore the impaired perception by means of certain movements, which will be described elsewhere, with the object of directing volition to the useless muscles. A steady persistence in this direction, in course of time, restored to the limb its normal powers; and the gentleman has for several months been conducting with ease an active business in Chicago, which requires him to pass much of his time on his feet.

In our orthopedic practice such cases are frequently met with, in which a limb that has been rendered powerless for a time by disease fails to impress the consciousness with the sense of returning power after the removal of the paralyzing cause, and persistent lameness results. The mind does not take cognizance of a restitution of power, and hence volition is not directed to the execution of muscular action. Many of our patients who present this peculiarity are little children, in whom its existence cannot be ascribed to any influence of the imagination; and the uniform success which attends the method of treatment we have indicated, supports emphatically the correctness of the view upon which it is based.

The following case is a remarkable illustration of perverted perception and volition, giving rise to a localized increase of muscular power in a condition of spasm :

Case II.—In January, 1868, a young lady of superior intellectual development, an authoress of considerable reputation, while walking with a gentleman, slipped and fell towards the ground, with her left arm extended. She was unable to tell whether her hand touched the ground or not; but, as she did not lose her hold upon the arm of her companion, it is certain that no direct injury could have been inflicted by the fall, nor did any symptoms arise at the time to alarm her. On the following day, however, her left arm was numb and powerless, and for six weeks it remained in the same condition. About this time it improved somewhat, and, though at intervals it was subject to attacks of diminished motility without apparent cause, it advanced considerably towards a state of normal power during the next three months. In July a sister was attacked with typhoid fever, and, in consequence of the anxiety, loss of sleep, and confinement to the sick-room while nursing her, Miss A. became completely exhausted. As she approached this state of prostration, her left shoulder-joint began to become stiff and painful, and as the condition advanced it assumed a perfect rigidity. After trying a variety of treatment without any benefit, she applied to Dr. Taylor, in October, 1868, for advice. Her arm was confined to her side by muscular spasm, and the shoulder was considerably elevated by contraction of the trapezius; the deltoid was somewhat atrophied, and the limb presented many of the features of a subluxation. A careful examination, however, showed conclusively that such was not the case. She was placed under the influence of nitrous oxide gas, and the limb was moved freely in every direction.

and this operation was repeated four times, at intervals of a few days, in the hope that by stretching the fibres of the contracted muscles their tonicity might be so far overcome as to prevent the recurrence of spasm. But this procedure, which in similar cases had resulted favorably, seemed in this instance to aggravate the difficulty. She was then subjected to passive movements of the limb, but with the same unfavorable effect; and both were soon abandoned for an opposite course of treatment. As the patient was a woman of more than ordinary intelligence, Dr. Taylor explained to her at some length the reasons for his opinion that the tonic spasm which had existed for so long a time in the muscles inserted into her left arm, was not in any way dependent upon a lesion, as she had been led to believe, but was simply the result of perverted perception and volition. She was amazed at the novelty of this statement, but readily acquiesced in its plausibility, and a plan of treatment was instituted with the view of correcting this abnormality by means of the unaffected arm. Several times each day her arms were slowly and gently raised together, and she was told to disregard the left one entirely, but to pay particular attention to the right, and to restrain it whenever it was observed to rise in advance of the former; her mind being kept in a state of close attention by the doctor's constant admonitions. The results of this treatment in a few days sustained in a most satisfactory manner the correctness of the opinion which had been expressed, for she was entirely relieved. During the past spring, however, she has again been subjected to a prolonged mental and physical strain by the illness and death of her father, and decided symptoms of an impending return of the former rigidity and pain have shown themselves in the left shoulder. But on this occasion she comprehended the nature of the difficulty, and mental diversion, with horseback exercise, has again removed it.

This patient presented none of the evidences of hysteria, as it is usually described and spoken of, and it is difficult to account for the phenomena in her case, except by attributing to a perverted perception and volition a large share in their evolution and continuance. The repeated extensions of the muscles under an anæsthetic were useless, because by them the necessary modification of the abnormal functions was not attained, and they were positively injurious, because through their employment the attention of the mind was more firmly fixed upon the part affected; and the same is true of the passive exercises which were used. But by the course of

treatment which ultimately proved successful, the attention was withdrawn from the rigid muscles to those of the healthy arm, and complete relaxation followed. It is not necessary that in similar cases the plan which was employed in this should be rigidly adhered to; for any means which will produce a powerful impression, even though applied at a remote point, may accomplish the desired object. The chief indication to be answered is the diversion of volition, and any treatment which responds to it is legitimate.

There is a class of cases bearing a close resemblance to the foregoing examples of excess and diminution of the sense of muscular power, which is frequently met with in surgical practice.

Case III.—A young lady, in the summer of 1864, sprained her ankle, but continued to limp about for three weeks, in spite of the pain and annoyance which she caused herself. The injured part, however, became worse instead of better, and she was obliged to resort to crutches in order to move about. But still recovery did not take place, and every subsequent attempt to walk was attended with swelling and severe pain in the joint. She resorted to a variety of methods to procure relief; but counter-irritation, pressure, rest, etc. were alike unavailing. Four years after the reception of the injury she came to our office on crutches, for consultation. An examination failed to reveal any evidences of existing injury to the joint, and, beyond a slight atrophy of the muscles from disuse, there were apparently no reasons why the foot should not perform its office. A favorable prognosis was therefore rendered, based upon the opinion that her inability to walk was simply due to local functional derangement. She was told that the original injury had long ago been recovered from, but had left behind a hyperæsthetic condition of the nerves, which had hitherto prevented her from regaining the use of her foot; and she was made to understand that a well-directed effort of the will would probably be effectual in its removal. Her sister was instructed to flex her foot, and to offer a slight resistance with her hand against its extension, several times each day, gradually increasing the opposing force. In three weeks she returned, and exhibited considerable power in the limb, while the abnormal sensibility was greatly diminished. She was then directed, in addition to the previous treatment, to push with her foot against the wall, and after a few days to rise upon her toes, while supported by her crutches. In six weeks she progressed so far as to be

able to give up her crutches altogether; her ankle rapidly regained strength, the hyperæsthesia was entirely subdued, and recovery was complete.

There is no doubt that impaired motility and lameness after joint-diseases and injuries of the lower extremities are often due to nervous affections of this character; and the surgeon who is able to recognize their existence as the potential cause of impaired function in a limb, may, by a correct application of proper treatment, restore to a life of usefulness many of his patients who would otherwise be cripples.

The muscular system, when it is the seat of manifestations of this condition of nervous depression, more frequently assumes a state of pseudo-paralysis than of spasm.

Case IV.—Mrs. B. C., 50 years of age, an intelligent lady, whose temperament was decidedly sensitive and excitable, had been in poor health for many months, and had undergone a variety of treatment, both local and general, for uterine disease. After suffering severely from excessive menorrhagia, a small polypus was discovered by her attending physician to be protruding through the os uteri. It was removed, and the vagina was packed with a tampon of lint. When the proper time arrived for withdrawing this plug, the physician, unfortunately, was not thorough in his work, removing only some fragments, and allowing a large mass to remain. An offensive discharge was soon set up from the vaginal mucous membrane, the strength of the patient began to fail, and profound constitutional disturbance was exhibited. For three weeks she continued to grow worse, when a fetid mass was expelled from the vagina while she was at stool, and following its removal there was at once a decided improvement in the serious symptoms which had been developed. But, to the surprise of her physician (at this time a prominent homœopath), she began to lose control of her legs; and, as the loss of power steadily increased, he was discharged and Dr. Taylor summoned to the case. An examination showed that while sitting in her chair she could execute every movement with considerable force in each leg; but when asked to walk she seemed almost incapable of exerting her muscles in the lower extremities, though her efforts to prevent herself from falling by clinging to her husband gave evidence of abundant power elsewhere. The diagnosis in this case had been paralysis from pyæmia; but it is needless to say there were no symptoms of pyæmia; nor was there paraly-

sis, properly speaking. A favorable prognosis was given, and the family were told that her condition was not dependent upon any organic change in the nerve-centres or their distribution, but was simply an indication of a loss of consciousness of power, arising from the shock which had been gradually inflicted upon her by her prolonged illness, with its repeated hemorrhages and the subsequent exhausting discharge; that, though the pseudo-paralysis was curable, no treatment could be recommended until signs of reaction were manifested, and that probably she would sink still deeper into a state of helplessness before that time. Within a week she was unable to move her legs at all when placed in the upright position, and was in general much more feeble. She was then brought to our institution, put to bed, and all her friends were rigorously excluded. For a month she continued to lose ground. She became greatly emaciated, lost all power of motion in her arms and legs, and at times could not articulate distinctly; her muscular sense was also impaired in the lower extremities, so that sometimes she could not tell their position. But no treatment whatever was applied during the continuance of this condition of prostration; and, as had been predicted, reaction at last was established without interference. It requires the utmost resolution to stand by idly and watch the downward course of such a patient, while her friends are anxiously urging us to employ some active means to check it; but experience has shown that the expectant plan is by all means the best to be pursued. Medicine has no drug that will supply the place of absolute rest and quiet in this state of depression; but the powerful nervines and stimulants which are often recommended may frequently produce the most injurious effects. As soon as her returning strength would warrant, she was placed upon her feet in the peculiar manner which we employ, and after a treatment of ten weeks was discharged entirely cured.

The first attempt to place a feeble patient in the erect position by the method ordinarily employed is usually followed by complete exhaustion. The physician, in lifting her from the bed to the floor and striving to sustain her weight upon his hands placed under her arms, leaves the back and limbs entirely unsupported. Her knees and hips yield to the unaccustomed weight which is thrown upon them, and a struggle ensues in the attempt of both parties to prevent her from falling, which usually results in a strong disinclination on the part of the physician to repeat the ex-

periment, which is heartily reciprocated by his patient. The means which we adopt when first placing our patients with functional loss of power upon their feet obviate these difficulties completely. A pair of light steel braces, attached to shoes and running up on either side of the leg to the middle of the thigh, with knee-caps to prevent flexion at this joint, are placed upon the lower limbs. The patient is then brought to the edge of the bed, a strap is passed around her hips and thence around the body of the physician, who stands by the bedside, and she is gently raised up and placed upon her feet. Her legs are supported by the braces, her knees are prevented from bending, while her hips and body are sustained by the strap and the hands of the physician. If there be a tendency to sink down under the emotional excitement which is usually produced by the assumption of this novel position, it is immediately checked by the supports which have been supplied at all the weak points, and the patient feels that to fall is an impossibility. The physician slowly steps back, inclining to one side with a rolling motion, and, gently drawing the opposite side of her body towards him, her foot advances. This is repeated with each foot alternately as long as seems to be judicious, and the patient is returned to her bed. The moral effect of this procedure upon such a case as we have described, to be appreciated must be witnessed. The fact of standing once more, after a long confinement to the bed, imparts an exhilarating influence throughout the system which cannot be as quickly attained in any other way, and amply repays for the increased suffering which may have been called forth in acquiring it. Each day these walks are repeated, and, by extending their length and gradually diminishing the support, the tonicity of the muscles of the trunk and extremities is improved, a corresponding regularity in the manifestations of nervous action is established, and the patient advances steadily to recovery. As the object of this treatment is not to bring about muscular development by exercise, but to

correct functional derangement of the nervous system, considerable tact is requisite in regulating the frequency and duration of these exercises, to avoid overtaxing a system which is already much enfeebled; and the physician should constantly bear in mind that his treatment must be regulated by the condition of his patient, and not by any set rules. Sometimes the effect of standing for the first time after a long interval is an overwhelming prostration which approaches syncope. When this occurs, the patient is to be immediately returned to the recumbent position and left alone. A short interval of rest will invariably bring about a return to the ordinary condition, and a second trial will probably be more successful.

Case V.—The first case reported in the article already referred to* is an admirable instance of the loss of consciousness of power without complication; and, as the lady has again been under our care with a return of the former condition, her case may here be introduced in illustration. After her recovery from the first attack she enjoyed excellent health for nearly two years; but during the winter of 1869 her father fell ill of a lingering disease, which terminated fatally in the spring. She was much harassed in body and mind during the many weeks of constant nursing and anxiety which she passed at his bedside; and when his death removed the incentive to exertion which had sustained her up to that time, her enfeebled powers rapidly yielded under the burdens which she had unremittingly heaped upon them. She began to lose the sense of power in her left leg, which had in the former instance been the more affected, and rapidly the "paralysis" became complete. She was then removed to our institution, and under the usual treatment was soon able to walk about without assistance. Her ankle, however, remained weak for some time after, probably from the dragging of the foot, which in the first attack had lasted for more than a year; but a light brace worn within the shoe as a support was an effectual remedy. Had she been submitted to proper treatment in the commencement, this would not have been required.

There are two points of interest which this case presents for consideration. In the first place, the origin of the loss

* *Psychol. Journal*, April, 1868.

of power in both attacks was essentially the same,—a shock acting upon an enfeebled state of body. In the first the exciting cause was diphtheria; in the second it was domestic affliction; and the similarity of the resulting effects tends to show that the opinion expressed as to its true nature was correct. Secondly, the treatment was the same in both attacks, and was attended in both with recovery, which is additional evidence in favor of the unity of origin. The essence of this condition, as we have already stated, lies in an abnormal state of perception and volition, and a plan of treatment, to be successful, must be applied to the restoration of the perverted functions to their natural relations. So long as a patient affected in this manner is kept in bed and internal remedies are alone administered, there is not likely to be any appreciation of the presence of power in an affected part; for our ability to put forth muscular action is under all circumstances in direct relation to our consciousness of strength, and not to the actual amount of capacity existing at the time. A feeble man, under the influence of fear or impending danger, will accomplish without difficulty a feat of strength which he is utterly incapable of repeating by any effort of the will when relieved of the emotional excitement, simply because he has already measured the extent of his muscular power under ordinary circumstances, and his consciousness assures him of certain failure if he endeavor to exceed it. So it is when a disordered nervous system has communicated to the mind the impression that a limb has suffered a loss of motility. An effort to perform the natural movements can never actually be made under such circumstances, no matter how urgently it be desired; for failure is a foregone conclusion. In the case of muscular spasm which has been quoted, it was seen that movements directed to the rigid limb increased the contraction of the muscles, by directing the volition still more forcibly to the part; but when a state of relaxation exists, arising from an enfeebled consciousness of power, such movements are eminently appli-

cable. It will not answer, however, to rely upon kneadings, rubbings, or passive movements, in these cases; for the object should be to direct the volition to the relaxed tissues, and by so doing to correct the false impressions which are transmitted from them to the sensorium. The patient must take an active part in the treatment, while the physician should direct and regulate the efforts which are put forth, so that there shall be a positive result attained, no matter how slight, to convince the mind of the existence of power. It is rarely that complete inability is to be found in these cases; but sometimes it is so nearly approached that we are compelled to commence with the last articulations and slowly advance to each joint in succession; but there is probably no instance of functional derangement of this character so deeply impressed that it cannot be removed in time by a judicious application of the principle which we are considering.

The paralytic forms usually present certain distinguishing features which enable an intelligent practitioner to contrast them with paralyses arising from organic lesions. The onset of the symptoms, together with the presence of manifestations which cannot be referred to any known disease of the nerve-centres or their distribution, is in most instances sufficient to arrest the attention and direct it to closer observation. Where there is inability to use the limbs in walking, it will often be found that the necessary movements can be effected with accuracy and force while the patient is in a recumbent position, and if she be lifted from the bed there will be a considerable amount of power exhibited in the legs in the endeavor to save herself from falling. In cases where there is inability to lift the foot from the bed, a little management will often reveal the fact that the limb is moved in turning the body from side to side, and the patient is also frequently able to raise the body from the bed to the sitting position, without assistance. The voluntary movements are principally affected, the instinctive and unconscious much less so;

and, therefore, in treatment we should depend largely on securing the assistance of the latter as a means of gradually affecting the perception and directing the volition to its proper functions. Another peculiar feature in such instances is that the diminished power in the parts affected is often accompanied by increased action in the muscles in the immediate vicinity which are not involved. There seems to be a distinct barrier to the transmission of the will beyond a fixed point. There is seldom any indication of deficient nutrition in the tissues which lie beyond, as compared with the rest of the body ; and, though there may be impairment or exaggeration of the natural sensibility of the skin, the electro-muscular sensibility and contractility will be normal. Lastly, the failure to relieve the condition by the usual medication prescribed for the organic affections which are simulated, and the improvement which immediately follows upon treatment directed to the correction of impaired volition and abnormal perception, complete the series of diagnostic points which, under ordinary circumstances, should render a recognition of the true pathology of the affection in question a matter of almost absolute certainty.

But, where functional nervous diseases exist in the uncomplicated and localized forms which have hitherto been considered, the difficulties in diagnosis are slight and the indications for treatment are simple as compared with the instances, too frequently met with in medical practice, in which the manifestations of impaired innervation are more generally distributed. The unfortunate class of "bedridden women" is chiefly made up of cases which present the peculiar condition of absence of the recognition of existing power throughout the body, with consequent impairment of volition to a marked degree. This is their distinguishing feature, while the "hysterical" symptoms which often attend it are merely accessory ; and no method of treatment can be successfully employed to restore the perverted functions without a clear appreciation of the absence of organic dis-

case, and a direction of the means to the correction of the false impressions which are received by the mind, by demonstrating to the patient the existence of physical powers which she supposes to have been irretrievably lost, while in reality they are merely latent.

Case VI.—A young lady, of a susceptible temperament, in whom the emotional faculties were largely developed, residing in the eastern part of this State, when first seen by Dr. Taylor, in May, 1868, presented the following history. She had never enjoyed robust health, but even as a child had been delicate and incapable of physical exertion. About two years previously a load of care and responsibility had been thrown upon her by the fact that her mother became incapacitated by illness from attending to her accustomed household duties at a time when they were more than usually laborious. Her powers had yielded considerably at the time to the steady, monotonous strain. A trifling increase in her labors was invariably followed by severe headaches, and she began to suffer from weakness and pain in the back. After a few months of this life, her failing strength had received an additional tax from an accidental injury of the head, which had confined her to the bed for several days. Still she had continued in the exercise of her domestic duties, struggling to bear up under her increasing weakness and sufferings, until, in August, 1867, she had experienced a complete prostration of her strength, and had taken to her bed, from which she had not since arisen. The attending physician had pronounced her to be suffering from an attack of spinal meningitis, and had tortured her back with blisters, cups, and setons, with no effect beyond an aggravation of her sufferings. When Dr. Taylor saw her, she was lying in a darkened room, on account of excessive photophobia, and her sense of hearing was so much exalted that a passing footstep occasioned the acutest distress. Her head and back were subject to intense hyperæsthesia, which to a slighter extent pervaded the body and limbs. Her digestive apparatus was completely disordered, and she was consequently much emaciated. She was so feeble that she was unable to raise herself from the bed, and an attempt to effect this on the part of her attendants produced a distressing disturbance throughout her system. A careful examination failed to detect any organic disease, beyond a slight prolapse of the uterus, with a small amount of leucorrhœa; but, as these had originated during her confinement to the bed, they were justly set down as symptoms of general exhaustion. In this case the gradual depression of the nervous force and corresponding impairment in function are clearly traceable

to causes in constant action to produce them. The patient is a bright, intelligent girl, of quick susceptibilities, with a delicate organization. She is subjected to repeated strains upon her physical and mental powers throughout a long period, and with each increase in the disturbing causes we observe a corresponding enfeeblement of her vitality, until finally her organs of special sense and digestion, her uterus and her muscular system, become the seats of apparent local disorder, and, succumbing beneath the accumulating burden, she is "bedridden." It cannot be supposed that any organ in particular is the chief offender, by attention to which the resulting symptomatic disturbances are to be removed; for treatment directed to this end by able medical men, from time to time, has been futile. But the following treatment has restored her to health. She was told, in simple language, that she was not the victim of any organic disease, but that the morbid sensations and irregularities in function in various parts of the body, which gave rise to so much distress, were mere indications of a profound depression of her vital forces, involving a want of reciprocal action between the functions of the muscular and nervous systems. That the former was inactive, and the latter seemingly in excessive action, were explained to be the natural and usual conditions under such circumstances; and she was shown that treatment could not be applied to any one region to the exclusion of the rest, but must be one which would gradually restore that equilibrium which had been disturbed, and slowly elevate together her impaired forces to their normal relation. Her inability to exert her muscles and to bear the sunlight, her headaches and other symptoms, were accepted as existing facts, and, while no attempt was made to explain them away or to attribute them to an excited imagination, she was assured that they would disappear under a persistent employment of a rational treatment. Her faith in the efficacy of any plan was sorely shaken by the remembrance of the repeated failures which had attended the efforts of her former medical advisers; but this simple explanation of the nature of her condition established at last a feeling of confidence and reliance in her physician, and awakened a spirit of resolution to carry out his prescriptions, which appealed to her judgment and common sense, and did not demand a blind faith in his remedies, as had heretofore been the case. The first step having been accomplished, she was now ready to receive the "movements." She was taught to push with her feet and hands each day against slight resistance, gradually increased, to which was added, after a little, slow stretchings of the muscles. This treatment was continued for about six weeks, during which time the light was gradually allowed to enter the room, and under its use both the general and special hyperaesthesia diminished in intensity, her appetite improved,

her strength increased, and her moral tone was greatly elevated. The proper time had now arrived for taking another step in advance, and teaching her to walk again; but unfortunately she was seized with a severe attack of dysentery after the third trial with the braces (July 30, 1868), and an interval of two months elapsed before she had recovered sufficiently to resume the original pushings with the legs and arms. Six weeks were again consumed in recovering the lost ground. On the 16th of November the braces were put on, in the manner already described, and her walks were resumed, with very decided benefit, so that by the middle of February, 1869, she had so far improved in moral and physical strength that she was able to walk without any artificial support, and was brought to our institution to continue her treatment by apparatus which we employ to call forth the exercise of localized groups of muscles. Her improvement was henceforth uninterrupted, and in July she took her departure for the sea-shore, where she passed the summer with her family. She returned to us in January of the present year for further treatment, with the intention of insuring the good effects which had already been attained, preparatory to her marriage, which is soon to take place.

The following case, which is now under treatment, differs from the above in some particulars, but resembles it in the gradual evolution of the symptoms, the similarity of its origin, the complete prostration of the patient, and its steady improvement under the same plan of treatment:

Case VIII.—The history which was given, when first seen by Dr. Taylor last fall, was to this effect. As a child, she had never been hardy. She grew up rapidly, and puberty was attained at an early age. At school she had been ambitious to keep up with her classes, but, not being gifted with quick apprehension, she had been obliged to confine herself closely to her studies. In time she acquired an unnatural fondness for sedentary pursuits, which, as she grew up to womanhood, she gratified by acquiring the art of landscape-painting, and spent many hours each day in perfecting herself in an accomplishment which was a source of great pleasure. But a prolonged confinement, unrelieved by the out-door exercises and diversions which are essential to health, bore hardly upon an organization which had never been vigorous, and while a young woman she came to be recognized in her circle of acquaintance as an invalid. About three years before, an aunt to whom she was closely attached was seized with an apoplectic attack, which terminated fatally in a few days, and during her illness the niece was

constantly by her side, performing the offices of nurse, with her emotional faculties deeply excited. With the fatal termination of the case came a serious prostration of her powers, and from this moment dates the complete development of a decline which had pursued a nearly constant course up to the time in question. At intervals there had been remissions, more or less marked, in the manifestations of extreme functional disturbance, and about a year previous, after having passed a summer at the sea-shore, she had recovered much of her former degree of health and spirits; but an attempt to assume certain domestic duties, and an enthusiastic devotion to church matters, soon brought her into the condition which was presented when Dr. Taylor first saw her. At this time she was able to be partially dressed every day and to sit up in bed; but she could not leave it, partly owing to physical weakness and partly to intermittent attacks of pain in the left leg, located irregularly in the hip, knee, or ankle. Her appetite was fair, but capricious, and her bowels were irregular. The uterus had never become disordered in any way, and, I may state, has remained in a healthy condition up to the present time. The disordered state of her nervous system was manifested by persistent headache, intense photophobia, morbid acuteness of the sense of hearing, backache, and symptoms of dyspepsia, but above all by an excitability under slight provocation, succeeded by excessive depression, which at times assumed the characteristics of paroxysmal hysteria, and had hitherto baffled every attempt which had been made to relieve it. As careful examination of each organ gave absolute proof that no organic disease existed, an opinion was expressed at the consultation that functional derangement of the nervous system had brought her into a condition which would certainly become intensified if it were not relieved by proper means. The principles upon which a rational treatment was to be conducted were explained to her physician in detail, and the case remained under his management. For a few weeks he practised her in pushing with the feet and hands against resistance, with stretchings of the muscles, and was able after a time to get her upon her feet. Unfortunately, his own health failed him when he had reached this point in advance, and he was obliged to relinquish the care of his patient to her mother, with explicit directions for her guidance. But his withdrawal was fatal to further progress; for in three days she had relapsed into the condition which she had presented before the treatment was commenced. Continuing to decline, in a short time her former symptoms were all much aggravated, including the hysterical element, and her muscular power was so far impaired that she was no longer able to sit up nor to use her limbs with any degree of freedom. We are here furnished with an instructive lesson in regard to the relation which should exist in these

cases between the physician and his patient. By the exercise of his personal influence he must produce in her a feeling of dependence and reliance, so that she will insensibly yield to his will and judgment on all occasions and enable him to assume an absolute control over her very thoughts and purposes. Without the establishment of this psychological element, all other treatment is of secondary importance. Despairing of his ability to recover the lost ground, under the pressure of a large business, in his feeble state of body, her physician advised her removal to our institution, where she arrived on the 19th of April. She bore the journey of seventy-five miles without injury, though she suffered much at the time, and, after an interval of two weeks to enable her to recover from its effects, the treatment was resumed at the point where it had been interrupted. She is now walking about, and, under the usual system, bids fair to recover entirely.

The cases of bedridden women which have been cited had both been pronounced by reputable physicians to be hysteria; and in that decision it is probable that the majority of readers will concur. And if by that term is meant a functional nervous disorder, implicating the various organs of the body, to a greater or less extent, in abnormal and irregular manifestations, independent of the influence of the imagination as a determining cause, and curable by a treatment directed to the nervous system through psychological agencies, it may be accepted as a proper term. But the old idea of the dependence of "hysteria" upon local disease of the uterus, notwithstanding the efforts of many modern authors to correct it, is still so deeply engrafted in the minds of the profession at large that it seems to be impossible to remove it. When called to such a case as we have described, the first step in the investigation is to attack the uterus as the head and front of the offending; and if a slight displacement or a trifling disorder in the menstrual function can be detected, or the presence of leucorrhœa can be established, the routine practice is to direct a local treatment to this organ for the removal of the general symptoms. It is too often forgotten that, as the genital apparatus necessarily participates in the relaxation which affects the tissues

throughout the body in these cases, displacements of the uterus should therefore be anticipated in them, and that the disturbances in function which may be presented in the organ are as much entitled to be regarded as symptomatic of a general cause as those which are to be found in the digestive organs or the muscles. It is true that a serious affection of the uterus may act as a shock upon the system at large in such a way as to produce the condition which has been described; but a comprehensive experience has established the conviction that the occurrence of disturbances in uterine function is much more frequently its sequence than its cause. If the physician be unsuccessful in his search for a diseased uterus upon which to commence his assault, it is then the common practice to accuse the patient of parading her imaginary woes for the purpose of exciting the sympathies of her friends, and to urge a course of treatment in accordance with this idea; but the inability to recognize the *reality* of the impressions which are transmitted to the mind of the patient who suffers from these functional nervous disorders, perverted though they be, and inexplicable by the slight amount of organic lesion to which they may be attributed, is the secret of the failure which attends the efforts of practitioners to cure them,—efforts which are futile because misdirected. Instances of pretended or imagined symptoms, similar in many respects to those which have been presented in the preceding cases, are to be met with occasionally among weak-minded women; but to such the present article is in no way applicable, nor can the term “hysteria” be admitted as a proper title for the condition of which it treats, if it is to be restricted to them.

But ill success in treatment, instead of bringing about a correct appreciation of the true nature of the case, is too often set down as due to a mistake in localizing the affected organ, and hysteria yields to the still more indefinite hypothesis of “spinal irritation,” based upon the hyperæsthesia which is an almost constant symptom, and is usually most

strongly marked along the course of the spinal muscles. Counter-irritation by setons, blisters, or less powerful applications is now employed, to the decided injury of the patient, by depressing still further her enfeebled powers. This symptom of backache is one of the early indications of failing strength. Its seat is entirely muscular, and the hyperæsthesia shows itself primarily in this locality because in these cases the muscles which sustain the spinal column are more severely and constantly strained than any other in the body. But, instead of resorting to suitable hygienic measures to restore the overtaxed system, the patient, failing to recognize its true significance, is apt to attempt to overcome the growing sense of feebleness by increased exertion; and hence in practice innumerable instances are met with in which this local hyperæsthesia, together with malaise and a general enfeeblement, are the only indications of the development of functional nervous derangement which, if unchecked, may in time involve the whole body. The advocates of the theory of "spinal irritation" lay great stress upon the presence of tenderness along the spine on pressure, and claim that herein is to be found a positive indication of local disturbance within, though, physiologically considered, the pain in the back is no more an evidence of disease in the spinal cord than the headache which often accompanies it is a sign of cerebral disease. They have mapped out the cord into three regions, each productive of a distinct set of symptoms when involved, but they do not agree among themselves as to the nature of the morbid process which gives rise to so much mischief. Some authorities attribute it to congestion of the cord, while others ascribe it to anæmia. But it is difficult to conceive how either theory can be correct, when we remember that cases are often quoted as having existed for months and years without leaving any lesion behind. It has been shown that the sensory function may be perverted in a variety of ways in these cases of bedridden women. It may be diminished

or altogether absent in certain localities, or it may be intensified; and the latter is more commonly met with. The organs of special sense are especially liable to present this excess in function, and the patient may actually be capable of seeing, hearing, tasting, and smelling what would be imperceptible were she in a normal condition. She is unable to endure the admission of light into her room, and remains for months in almost total darkness, or perhaps she is irritated beyond endurance by the sounds of conversation carried on in ordinary tones in a distant part of the house, or by the sound of the needle and thread in sewing. Certain articles of food, of which she was fond when in a state of health, have now become disgusting to her, and the odors of flowers are perhaps nauseating. The nerves of ordinary sensation also frequently manifest their participation in the state of general hyperæsthesia. At times it is distributed over the whole body, so that the slightest touch upon any portion produces the most acute distress to the patient; but more frequently it is confined to certain localities, under the form of neuralgias, pseudo joint-affections, persistent headaches, or backaches. But, besides these customary evidences of morbid excitation in the nerves of special sense and sensation, there sometimes exist a series of perverted sensations in the viscera. The processes of organic life, which in the normal state are not made manifest to the sensorium, may thus become sources of positive pain and distress. The heart and great vessels may be the seats of alarming pulsations or palpitations, not always, however, appreciable to the physician; the respiration may in like manner be distressing and disturbed, and the bowels and stomach may furnish subjective symptoms of serious disorder. Can it be possible that a condition of the body, embracing at one time all of these evidences of functional disorder of the cerebro-spinal and sympathetic nervous systems, may correctly be ascribed to a local, vascular disturbance of the spinal cord, which continues for many

months without abatement, and yet, under the simple treatment already described, can be totally removed? If it be so, the spinal cord has certainly been gifted by nature with powers of endurance and reparation far in advance of other organs.

In approaching his case, the physician should disabuse his mind completely of the idea that he has to deal alone with a morbid and perverted imagination. The persons who are bedridden from functional disorders are not usually weak-minded women, naturally predisposed to an ascendancy of the emotions; but, on the contrary, the intelligent, the cultivated, and those who are accustomed to devote much of their time to works of benevolence and charity, with too little regard for self-interest in matters of comfort, occupation, and health, make up in large proportion the bulk of sufferers from this variety of nervous disturbance. It is true of this condition, as of all others in which there is prolonged suffering, whether dependent on functional or organic derangement, that the mind yields at last to the influence of a continued series of morbid impressions, and becomes a powerful agent in perpetuating a state of emotional excitement; but, in tracing back the case to its starting-point, it will usually be found that the morbid self-consciousness which is often a prominent symptom has slowly been evolved from a mental condition originally diametrically opposed, by a sudden or gradual shock acting upon an overtaxed organization. Excessive mental and physical labor in connection with our charitable associations, or in individual efforts to contribute to the slender means of a struggling family, are prolific agents in producing this condition among our women; while the influence in the same direction of sudden shocks upon a person in feeble health, as by physical injury, unexpected reverses in fortune, domestic affliction, and the like, may readily be appreciated. An acute disease may in its subsidence leave the patient in a state of utter helplessness, from which recovery does not

take place because the mind remains unconscious of returning strength. It may be associated with a chronic disease of some particular organ, or the determining cause may act so insidiously as to elude the notice of the patient and physician. But it is probable that the majority of cases which arise between the ages of twenty-five and thirty-five have their origin in the peculiar relation which exists between the female organization and the proper gratification of the maternal instinct. The state of marriage is wellnigh an absolute essential to the perfect health and happiness of a woman, since, by entering it at a suitable age, not only is the sexual appetite turned from channels of immoral thought and practice to the performance of its physiological function, but occupation and an aim in life are supplied for mind and body, as designed by Nature for the maintenance of the necessary equilibrium between her vital forces. The influence of an opposite course of life, when too far prolonged in women after puberty has been attained, in producing functional disturbances of the nervous system, has long been recognized.

Comprehending the essential element of the condition which he is about to treat,—a disordered perception and volition, and not a whimsical imagination,—the physician's first step in preparation must be to obtain the full confidence of his patient; but, thanks to the blunderings of his predecessors, this is often an arduous task. She has been told, perhaps, by one doctor that she is suffering from "spinal disease;" by another, that the uterus is the seat of her trouble; by a third, that spinal congestion or irritation is the cause of her many ailments; until at last she has become disgusted with the varying opinions which experts have offered in her case, and has lost all faith in medical skill to relieve her. Her friends, perhaps, through ignorant advice, have been led to believe that she is merely "hysterical," and, turning from a course of irksome condolence and sympathy, have assumed a tone of unbelief in the reality of

the feelings which she describes, and are incessantly urging her to exertions which her consciousness tells her are far beyond her powers. Against these accumulated errors the influence of the physician must be exerted to explain the true origin of her affection, to reconcile the multiplicity of its manifestations with the unity of their cause, and to obtain an absolute reliance in the correctness of his directions for its cure; and not until he has surmounted these obstacles is he ready to commence the treatment. It is usually necessary to allow an interval of a few days to elapse before active measures are adopted, and to wait until some indication of reaction from the despondency which is usually present is manifested. This may, however, be materially shortened by unobtrusively directing the thoughts of the patient into the new channels which he has opened, and by taking care that those around her shall assist by their tone and manner in reawakening her confidence and cheerfulness. The process by which the treatment is conducted is immaterial, so long as the indication to be fulfilled is kept clearly in view; and the main features have been described with sufficient precision in the cases already cited to obviate the necessity for repetition. Any procedure which may tend to control the attention, to correct morbid perception, and to educate the powers of the will, is treatment rightly applied, and the physician must rely upon his own judgment and tact in the choice of means. He must understand that it is not the province of the "movements" to cure his patient by virtue of a specific power or influence, and he must use them solely as the most effectual means to subdue the nervous manifestations and to correct abnormal function. To this end he should avoid as far as possible the attempt at palliating distressing symptoms by medication, teaching his patient to look for relief in the gradual rejuvenation of her powers rather than to temporary aid from drugs.

There are certain opposing circumstances which may militate against a successful issue in dealing with these

bedridden cases. If there be an incurable organic disease which by its reactive influence tends to the continuance of the functional derangements, it is probable that little can be done for their relief. The existence of a stubborn wilfulness on the part of the patient, or the absence of the necessary moral qualifications in the physician to insure a complete control and bring about in her a submissive obedience to his directions without question or reservation, will also effectually prevent the establishment of that psychological relation between them which is, in fact, the prerequisite to success. Again, the domestic surroundings of these patients may tend to subvert our best efforts. The relatives, who may be in constant attendance upon them, are seldom capable of controlling their natural impulses sufficiently to divert those influences which act as disturbing causes through the emotional faculties. Unskilled in the niceties of management which are required, they are unable to tell when to oppose and when to yield, and therefore either assume a forced attitude of rigid opposition, which alarms and excites the patient, or, as is more usual, give way too readily to their feelings and interfere with the exercise of the moral control which we aim to develop. The progress of the case from day to day is discussed, the probable duration of the treatment is canvassed, the indications of success or failure are carefully weighed,—in short, every passing feeling which may relate to the object of their solicitude finds expression in their daily conversation. A patient may thus be kept in an atmosphere of emotional excitement, to her positive injury, which no efforts of the physician can remove. It is always more difficult to manage these cases at home than in a private institution, where the usual associations and surroundings are completely broken up. The course of recovery will frequently be slow, even under conditions the most favorable to a well-regulated regimen, nor will it answer to attempt by a sudden impression an overthrow of the derangement which for months or

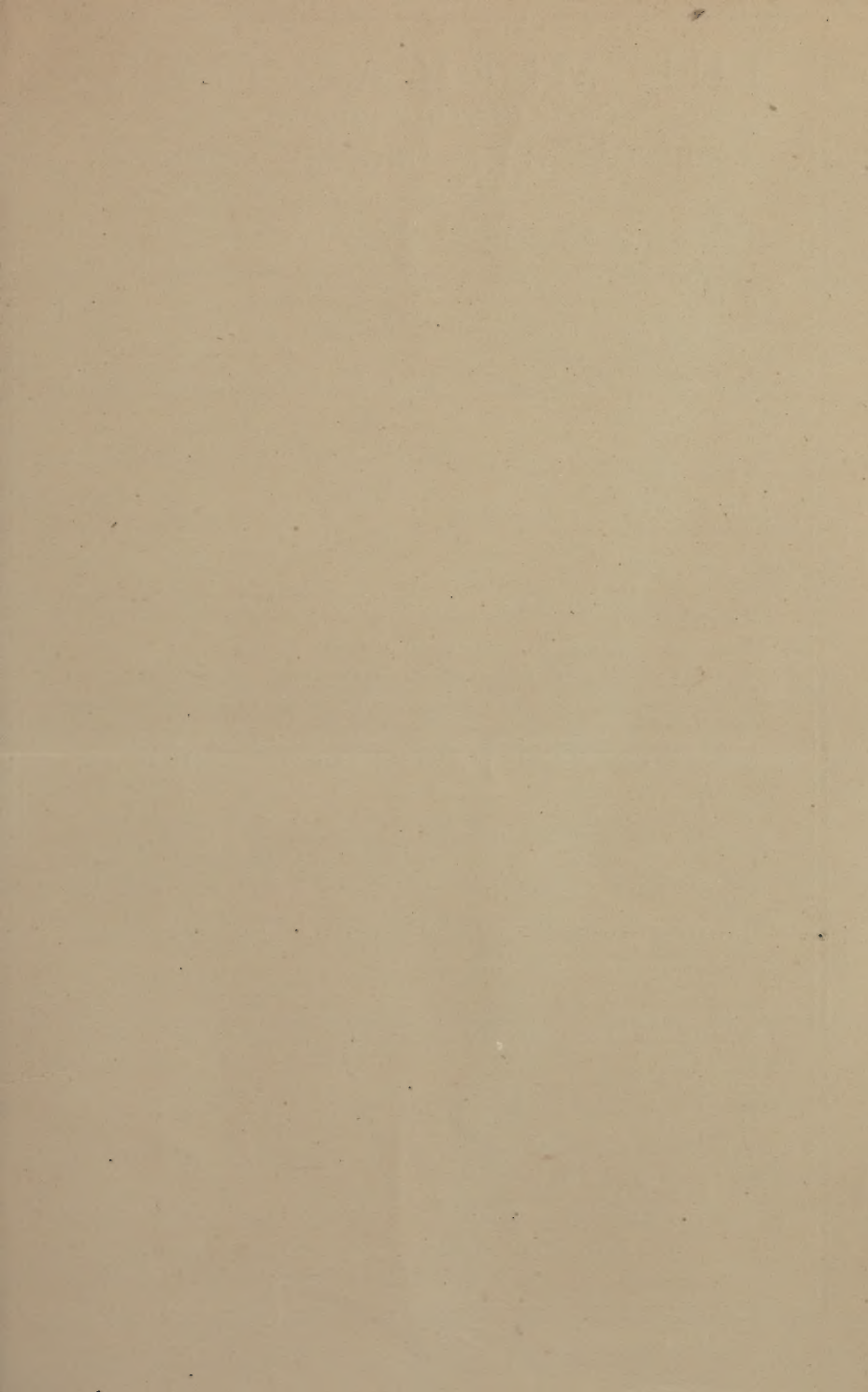
years has swayed the organism. Such a plan, though sometimes apparently successful in the hands of charlatans, is rarely lasting in its effects, and presents the great danger in its application that, if it fail, the confidence of the patient is immediately lost, perhaps never to be regained. Progress should, then, be gradual, bearing in mind that it is the restoration of power which is aimed at, not the development of muscle.

The object of this article has not been to point out any new features in the symptomatology of these functional nervous disorders, which have been recognized for a long time, but to reiterate the theory of their causation which was advanced by Dr. Charles F. Taylor in 1868, and to add some illustrations of the applicability of the plan of treatment which he explained at that time. Inman, Skey, Murray, and others have directed the attention of medical men to the existence of disorders depending upon nutritive derangements of the nervous system, and have done much towards the removal of erroneous opinions, but Dr. J. Russell Reynolds, in the *British Medical Journal* for November 6, 1869, has advanced still farther in the right direction. He therein states that some of the most serious disorders of the nervous system, such as paralysis, spasm, pain, etc., often depend on a morbid condition of emotion, of idea and emotion, or of idea alone. By these expressions, however, Dr. Reynolds does not mean to imply that the condition which he describes is in any way a product of a morbid imagination, for in the interesting cases which he quotes he lays particular stress upon the reality of the symptoms so far as the patients are concerned, distinctly stating that they "may occur independently of anything that could be called either insanity of mind, hysteria, hypochondriasis, or malingering," though admitting that these may arise as complications. He recognizes the primary cause to be morbid impression, arising from a determining shock, either sudden or gradual, acting upon a system impaired in its nutritive

functions, and suggests that this "morbid impression may be perpetuated after the manner that certain impressions may be retained by the organs of special sense after the removal of the first producing cause." The treatment which he proposes is directed to the alteration of the affected volition and perception, and is practically the same as that which we have described.

We have seen that these disorders are dependent in many instances upon functional disturbance unconnected with organic change, giving rise in various degrees to perverted or defective volition, increased activity of the emotions, and altered, exaggerated, or diminished perception. On the other hand, the proximate cause is frequently to be found in distinct and definite disease. To the practitioner, the ability to recognize in the symptomatology of his cases how much is due to organic lesion and how much to abnormal perception and impaired volition, is of the utmost importance as an element in diagnosis and treatment.

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